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**FACSIMILE TRANSMITTAL SHEET AND
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8****TO:** Examiner N. L. Torres Velezquez - United States Patent and Trademark Office

Fax No. 571-273-8300

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I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on July 27, 2005, to the above-identified facsimile number.

(Signature)

FROM: Thibault Fayette, Esq.

Fax No. 513-627-8118

Phone No. 513-627-4593

Listed below are the item(s) being submitted with this Certificate of Transmission:**

- 1) Fee Transmittal Sheet (In dup.)
- 2) Response (8 pgs.)
- 3) Terminal Disclaimer (In dup.)

Inventor(s): Wong et al.
S.N.: 10/648,942
Filed: August 27, 2003
Case: CM2656M

Number of Pages Including this Page: 15

Comments:**OFFICIAL PAPERS**

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F&HC PATENT DIVISION

JUL 27 2005

5136278118 P.02/15

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL

for FY 2005

Patent fees are subject to annual revision.
Effective December 8, 2004

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete If Known

Application Number	10/648,942
Confirmation Number	5927
Filing Date	August 27, 2003
First Named Inventor	Wong et al.
Examiner Name	N. L. Torres Velazquez
Art Unit	1771
Attorney Docket No.	CM2656M

METHOD OF PAYMENT

1. The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:

Deposit Account Number: 16-2480

Deposit Account Name: The Procter & Gamble Company

FEE CALCULATION (continued)

5. ADDITIONAL FEES

Fee Description	Fee Paid
Extension for reply within 1 st month	(\$120) <input type="checkbox"/>
Extension for reply within 2 nd month	(\$450) <input type="checkbox"/>
Extension for reply within 3 rd month	(\$1,020) <input type="checkbox"/>
Extension for reply within 4 th month	(\$1,590) <input type="checkbox"/>
Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>
Information Disclosure Statement fee	(\$180) <input type="checkbox"/>
37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>
37 CFR 1.17(g) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>
Non-English specification	(\$130) <input type="checkbox"/>
Notice of Appeal	(\$500) <input type="checkbox"/>
Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>
Request for oral hearing	(\$1,000) <input type="checkbox"/>
Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>
Other: Terminal Disclaimer	[130]

FEE CALCULATION

2. BASIC FILING FEE - Large Entity

FILING	SEARCH	EXAMINATION
Fee	Fee	Fee

Application

Type	Fee	Fee Paid
Utility	(\$300)	(\$500)
	(\$200)	(Total = \$1000) <input type="checkbox"/>
Design	(\$200)	(\$100)
	(\$130)	(Total = \$430) <input type="checkbox"/>
Reissue	(\$300)	(\$500)
	(\$600)	(Total = \$1400) <input type="checkbox"/>
Provisional filing fee		(Total = \$200) <input type="checkbox"/>

3. APPLICATION SIZE FEE:

Sheets of Spec and Drawings

(\$250 for each 50 sheets in excess of 100, except for sequence and program listings)

SUBTOTAL (2)+(3) (\$) 01

4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:

Extra Claims	Fee from Below	Fee Paid
Total Claims <input type="checkbox"/> - 20 ^{oo} = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>		
Independent Claims <input type="checkbox"/> - 3 ^{oo} = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>		
Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/>		

^{oo} or number previously paid, if greater; For Reissues, see below

Fee Description

Claims in excess of 20 (\$50 per claim)

Independent claims in excess of 3 (\$200 per claim)

Multiple dependent claim, if not paid (\$360)

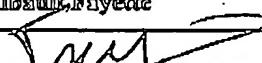
^{oo} Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)

^{oo} Reissue claims: each claim over 20 and more than original patent (\$50 per claim)

SUBTOTAL (4) (\$) 01

SUBTOTAL (5) (\$) 130

SUBMITTED BY

Name (Print/Type)	Thibault, Fayette	Registration No. (Attorney/Agent)	56,143	Complete (if applicable)
Signature				Telephone (513) 627-4593

Date July 27, 2005

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